

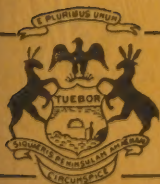
The Michigan
COMMUNITY HEALTH
SERVICE PROJECT

AN EVALUATION AND INTERPRETATION



Michigan State Board of Education
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BULLETIN NO. 409



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THE MICHIGAN COMMUNITY HEALTH SERVICE PROJECT

A Project of the
STATE BOARD OF EDUCATION
sponsored by the
Department of Public Instruction
and the
Michigan Department of Health

Bulletin No. 409

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FOREWORD

✓ The Michigan Community Health Service Project completed its activities August 31, 1946. It was initiated the second semester of 1942-1943 to assist selected groups of high school girls to contribute to the war effort by preparing them for community service. Later its resources were made available to all high schools, state tax-supported colleges of education, and state agencies to further the development of a total program of health for secondary pupils.

It is hoped that this Project has served to challenge schools to build functional programs of health; and that this evaluative and interpretative report, along with the other materials and the progress report already published, will be helpful to those who will continue to extend the curriculum in the area of health.

The staff has received continuing help from the Advisory Committee, the staffs of the Department of Public Instruction, the Michigan Secondary Curriculum Study, the Michigan Department of Health, the Michigan State Library, and the participating colleges. Much credit is also given to the many students, teachers, administrators, and local health workers of Michigan who have shared their experiences with others throughout the duration of the Project.

All of those who have had the responsibility of the Project and the others who have participated in the activities are appreciative of this opportunity made possible through the generous grant of the W. K. Kellogg Foundation.

EUGENE B. ELLIOTT
Superintendent of Public Instruction

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PART ONE

THE COMMUNITY HEALTH SERVICE PROJECT

1945-1946

Review of the Project and Trends

The Michigan Community Health Service Project has been an educational study directed toward the improvement of health education at the secondary level which was sponsored by the State Board of Education, directed through the Department of Public Instruction, and financed¹ by a grant from the W. K. Kellogg Foundation. The Project began the second semester of the school year of 1942 and terminated August 31, 1946. In April, 1946 a progress report² was published which described the administration, purposes, relationships, and activities of the participating agencies, schools, and colleges for the period from 1943 to 1945, and which in part reads as follows:

"The Project stemmed from the troubled winter months of 1942-43, when the acute shortage of nurses, physicians, and other hospital workers was first felt. At this time the Project was conceived as an experiment in functional learning, particularly for older high school girls interested in giving wartime service to hospitals and other community health agencies. Preparation for this experience necessitated (1) the development of an instructional program embodying the areas of personal, community, and family health, including the home care of the sick; and (2) group planning on the part of teachers, nurses, administrators, and community agency personnel interested in securing the services of these girls or in contributing to their understanding of health education problems and resources.

"The Project began with 26 schools participating the second semester 1942-43. Emphasis was placed on the development of a functional health instructional course designed to provide hospital and other community health experiences. Nurses, serving as consultants to classroom teachers, were active during this Initial Experiment, which continued until August 1943. The activities of this initial experiment are described in detail in several published articles.

"During the biennium August 15, 1943 to August 16, 1945 emphases of the Project changed and activities expanded, although the improvement of instruction in health education through the medium of a functional course or units supplemented by the utilization of community resources and group planning continued as a constant."³

Transition of Health from a Concern of Specialists to One of General Education

Near the close of the second year of the Project social pressures evolved that demanded programs of health for all secondary school

¹See Appendix for statement of Budget and Expenditures

²*The Michigan Community Health Service Project, A Story of the Project from 1943 to 1945.* Bulletin No. 408. Lansing: Department of Public Instruction. 1946

³Ibid. Page 5

youth. This trend caused the Advisory Committee to reexamine its purposes and change the emphasis from health instruction in a single class (which would tend to perpetuate health as special education) to the emphasis of health in a general education program. The efforts of the Project in the concluding two years fell roughly into five categories.

1. An analysis of the general education values and techniques of the Community Health Service class was made in order to interest and encourage teachers of related curriculum areas to include in their teaching units of health education and to experiment with functional methods which contribute to purposes of general education. The values and techniques emphasized were:⁴
 - a. planning and working on group activities
 - b. rendering services to groups (community, school, family)
 - c. preparing for family living
 - d. using a variety of teaching aids and the health specialists as consultants for enriching the classes
 - e. developing an understanding of the functions and responsibilities of community agencies
 - f. guiding both the personal health and vocational choices through class instruction
 - g. assisting students to grow in assuming responsibility
 - h. providing a pattern of health appraisal for all students
 - i. emphasizing a doing program in place of a talking one
2. The leadership for health education was shifted to those responsible for developing the curriculum of general education. The health education consultant and the health specialist then assumed the secondary role of specialized consultants. This influenced the secondary principals and curriculum specialists to cooperate and assume more administrative and health curriculum responsibility.
3. As programs began to broaden and a greater number of school departments and community agencies began to work and plan together, the leadership for a cooperative program became more difficult. Responsibility could no longer be routinely delegated to the physical education or some other single teacher. The Project therefore assisted schools and colleges to work experimentally through a local health committee, a teacher coordinator, or a combination of the two.
4. As relationships and resources of the health program became broader and hence more complex, school administrators requested a guide for carrying out their responsibilities in administering the total program. The Project gave assistance in the development of this guide⁵ in which the role of the administrator was defined and other suggestions given for delegating responsibility.
5. The colleges of education were assisted in adjusting their teacher education program to meet the changing needs in health educa-

⁴See *Working Together for Health*, Project film. Lansing: Bureau of Education, Michigan Department of Health

⁵See *Health Education Workshop Report*, Vol. XIII, Community Health Service Project Files. Lansing: Department of Public Instruction, for activities which assisted in the transition to general education emphasis

tion. This effort is illustrated by the two problems considered at one of the Teacher Education Conferences: "What should be the pattern, plan, and method of health education in secondary schools and what types of personnel are needed to carry the program?" "How can colleges provide for the competencies required of the secondary teacher?"

Activities of the Department of Public Instruction Which Assisted in the Transition

Within the Department of Public Instruction relationships were developed and bulletins and reports published which gave impetus toward the transition from a class approach in health instruction to the general education approach.

1. **Planning and Working Together, A Guide to Curriculum Development in Michigan Secondary Schools**, Bulletin 337, was published by the Department of Public Instruction and introduced to the secondary school principals and teachers during the fall of 1945. This authorized curriculum guide became a useful reference for the Project because it supported the point of view the Project held about health education; it defined the area of health in the secondary program and analyzed health as a function of general education; it gave leads and suggestions for program development; and suggested a variety of instructional aids for teachers. It also served as one of the means for uniting the work on the Project with the Instructional Division of the Department of Public Instruction, and the transfer of responsibility for health instruction and health curriculum development to that division of the Department.
2. A new health education study⁶, **The Health, Physical Education, Recreation, School Camping, and Outdoor Education Experimental Project**, was initiated in the Department of Public Instruction July 1, 1945.⁷ This Project had similar goals as the Community Health Service Project although the emphasis was upon physical education, recreation, and outdoor education. The two projects worked together in meeting the requests for consultant services. Whenever possible, services were given jointly so as to broaden the concept of health education and more accurately to define the various responsibilities of the divisions of health education, including the area of physical education. This cooperative relationship offered another official channel for transferring certain Project health education policies and services.
3. **The Michigan Secondary Curriculum Study**, which was interested in Health Education as an area in general education, was continued in the Department of Public Instruction on a reduced scale.

⁶See *News of the Week*, date August 1945. Lansing: Department of Public Instruction for announcement of Project

⁷Report of Experimental Division for Health, Physical Education, Recreation, School Camping, and Outdoor Education. A Project of the State Board of Education, 1945-46. Lansing: Department of Public Instruction. 1946

This study published a report⁸ in June, 1945, in which it defined health in the secondary program and gave emphasis to it as a post-war curricular problem. It also supported the cooperative activities of this Project in 1944-45. These cooperative relationships described in the Project's 1943-45 Progress Report were continued in 1945-46 with an increased use of the staff consultant of the Study for guidance in health instruction and curriculum development.

4. Other divisions of the Department of Public Instruction co-operated with the Project in taking responsibility for related phases of the health program. These divisions of the Department of Public Instruction were: the Adult Education Division in the area of family life education; the Homemaking Education Division in areas related to health; the Occupational Information and Guidance Division in the problem of health guidance and accumulative health records; and the Division of School Plant⁹ on improvement of health and physical education facilities in plans for new buildings.

Descriptions of Decentralization Processes and Services

During the three years of Project activities a policy of relinquishing leadership was established; first by a transferral from state to college level and then from college to local authorities. This method of extending and transferring leadership is given in the following descriptions of activities carried on by schools, colleges, and other agencies.

Working with Schools

Although the Project had not encouraged schools to organize a Community Health Service course since the year 1943-44, fifty-six¹⁰ schools continued to have scheduled Community Health Service classes in 1945-46; the larger schools having more than one class each semester. A change in teaching personnel was responsible for discontinuing the class in most schools. There was an attempt to move the remaining classes toward complete local control and toward loss of identity as Project classes. Therefore, consultant service was given to teachers of these classes on the same basis as to any other member of the school staff. In schools where Community Health Service classes were taught, effort was made to interest other teachers working on health education units, in such functional instructional techniques as were employed by Community Health Service teachers. These included student planning, utilization of the community as a laboratory for learning, and the use of health specialists as consultants in instruction.

During this year of general health program extension the Community Health Service teachers frequently were identified as the leaders of health education on school staffs. For the purpose of

⁸Rice and Faunce. *The Michigan Secondary Study, A Report of the Michigan Study of the Secondary School Curriculum 1937-1945*. Lansing: State Board of Education. 1945

⁹*A Guide for Planning School Buildings*. Bulletin No. 338. Lansing: Department of Public Instruction. 1945

¹⁰See *Participating Schools*, Vol. II, Community Health Service Project Files. Lansing: Department of Public Instruction

evaluation of the Project, working relationships were maintained with interested teachers through correspondence, through field visit reports from the area supervisors of nurses of the Michigan Department of Health, and through planned interviews at area health education and curriculum conferences.

As schools began to work on broader programs of health they organized health committees as a first step in program planning, for developing agency and teacher participation, and for achieving inter-departmental relationships. The Project staff encouraged this and met with many such committees. A report of a successful health committee¹¹ was prepared for distribution to schools interested in this activity. At all times, the importance was emphasized of keeping the work of health committees or councils geared to the local school's general curriculum activities. Although assistance was given to schools in planning for broader programs of health education, emphasis was focused upon functional instruction and community school interaction. The motion picture produced by the Project was useful for graphically portraying these ideas.

Working with Colleges and College Programs

The staff consultant of the Project, upon request, assisted the participating colleges with health committee functions, inservice activities, and, whenever possible, any other college efforts that furthered health education. The nature and extent of the college programs differed because of the varied experiences of 1944-45; the difference in demands on faculty time by the returning veterans; the difference in interests and capacity of the faculties for health education; and the difference in the interpretation of needs of the college service areas. There were some trends, however, common to all college activities which indicated progress, such as: an increase in group planning; an interest in inter-departmental action; a felt need for improving directed student teaching for general secondary teachers in the area of health education; and an interest in studying health needs of the secondary student as a basis for health program planning. These will be noted in the brief description of college activities which follows.

1. Central Michigan College of Education

This College continued health program planning, studied inservice and preservice needs, and made recommendations to the administration through an official health committee.¹²

- a. **Advanced the Preservice Program through Health Committee Action.** The general education program in health education has been advancing over a period of years. The College has a four year requirement in physical education and a required personal hygiene course which orientates students to healthful living and health services on the campus and emphasizes the personal responsibility of students as citizens in a campus community. Public health specialists, excursions, and visual aids are

¹¹See *Materials Made Available to Schools*, Vol. XI. Community Health Service Project Files. Lansing: Department of Public Instruction

¹²*The Michigan Community Health Service Project, A story of the Project from 1943 to 1945.* Bulletin 408. Lansing: Department of Public Instruction. 1946. Page 43

used to enrich the instruction in the class which operates on a problem-solving basis.

In addition aspects of health education are dealt with in the required courses in science, social science, and child growth and development.

All of these aspects of the college program served to strengthen the approach to the Community Health Service Project activities on the campus and in the field. The Health Committee through focusing attention on the coordination of the health program moved the various related departments forward in assuming responsibility for their unique assignments. The college departments which were noticeably taking an active part were: student personnel (including health services, counseling, and guidance); education (including secondary curriculum and directed teaching); health, physical education, and recreation; biological sciences; social science; and homemaking education. The public health programs of mental health, nutrition, dental health, tuberculosis control, sanitation, and housing, are carried on through the cooperation of the Michigan Department of Health, the related college department, and the college health committee.

The college attempted to use the local public health department personnel and services in their program of health education but found them inadequate. As an approach to improving the health program in the local high school, where prospective secondary teachers have their directed teaching, the chairman of the high school health committee was made a member of the college and the state health education committees.

- b. **Planned with Local Schools for Two Health Education Conferences.**¹³ The college cooperated with two high schools in sponsoring two health education conferences. These were planned by the chairmen of the college health and inservice committees and a group of local teachers and administrators who were invited by the host schools to act as a planning committee. The result of the Project's effort to decentralize leadership from the state to the local level is evidenced by the use of local host schools who made arrangements for the conferences. The Project staff consultant gave assistance by securing the consultants for the conferences. These included health specialists from the Michigan Department of Health and consultants and discussion leaders from the college and the Department of Public Instruction.¹⁴ Both conferences emphasized the organization of health committees and the function of health instruction in general education. The representatives of each school had an opportunity to meet as a health committee during the conference.
- c. **Initiated Annual Health Conference.** In addition to the two secondary health education conferences, a one-day campus conference was held which had a much broader interest and covered a larger geographical area than the previous ones. The Extension and Rural Departments cooperated with the inservice committee and the Project in holding this conference. Representatives of public health, rural and community schools, and the college met several times to work on plans. Representatives of lay organizations, school administrators and teachers, and public health workers attended. The conference aimed to stimulate interest in health education and to provide opportunity for the discussion of problems related to health program administration, and the improvement of school and community health. An area committee was appointed at the close of the conference to work with college representatives on plans for similar conferences to be held annually.

2. Michigan State College

Although the faculty had only limited time for Project activities,

¹³See *Conferences*. Vol. III. Community Health Service Project Files. Lansing: Department of Public Instruction

¹⁴About 125 teachers, representing 21 high schools attended the two conferences

they explored some rather significant inservice techniques and also moved in a positive direction for the improvement of the preservice education of teachers in the area of health. They preferred to develop field service contacts with schools in their immediate vicinity by methods other than general conferences, such as cooperation with the county health department and 4-H Club leaders and the guidance of student teachers in the study of health needs.

- a. **Cooperation with County Health Department.** Indicative of the growing interaction among schools, colleges, and health departments is the type of conference sponsored by this college. Together with the Ingham County Health Department an evening conference was held for the purpose of developing consultant service relationships with the health coordinators of schools that were interested in health program development. This interest in health coordinators, who were teachers with an interest in health education and designated by the school administrators for this responsibility, had been developed three years previously by the County Health Department. The administrators and one or more teachers from nine high schools (six of which are schools participating in the directed teaching program of Michigan State College) attended the meeting. The director, supervisor of nurses, sanitary engineer of the local health department, and six members of the college staff, representing the departments of curriculum and education, directed teaching, physical education, and homemaking, participated as consultants.

Following this planning meeting, the college had an opportunity to serve in a consultative and discussion leadership capacity at a meeting organized by the county health education committee and the County Health Department for the stimulation and development of improved school nutrition programs. Preliminary to the conference the college consultant in adult education assisted the local group leaders in mastering the techniques of discussion leadership. The senior nutritionists from the Michigan Department of Health participated both in the planning and in the discussions at this meeting.¹⁵

- b. **Determined Health Needs by Use of Inventories.** The college representative of the Project continued his interest of 1944-45 in the use of health inventories as one method of program planning.¹⁶ Under his direction a graduate student, teaching in one of the affiliated schools, gave inventories and prepared the reports on health needs of the students of the junior and senior high school. A meeting was then held with the secondary school faculty for discussion of the results and indications for program change. Through this activity a consultative relationship was established where formerly only a college-directed teaching relationship existed.
- c. **4-H Club Health Service Follow-up.** The 4-H Club Health Practice Survey¹⁷ made in 1944-45 was followed up this year by a letter¹⁸ to each 4-H County Club leader in the state, giving him the report of the survey of health needs for the state and also a report for the 4-H club members for his county. This letter suggested that there might be relationships between the health practices indicated in the survey and the 4-H Club first year Health Activity Records of his county.

There was no formal organization for the coordination of health education on the campus. However, as different departments attempted to contribute to the common goals of the health program a growing interest appeared in a systematic organization for coordination.

¹⁵About 75 administrators, teachers, and health department personnel attended

¹⁶See *The Michigan Community Health Service Project, A story of the Project from 1943 to 1945*. Bulletin 408. Lansing: Department of Public Instruction. 1946. Page 46

¹⁷See *College Plans and College Reports of Activities*. Vol. XIII. Community Health Service Project Files. Lansing: Department of Public Instruction

¹⁸See *Conferences*. Vol. III. Community Health Service Project Files. Lansing: Department of Public Instruction

3. Northern Michigan College of Education

This college, with the assistance of the regional supervisor of the Department of Public Instruction, through five conferences explored techniques and stimulated an interest in health education as a function of general education.¹⁹ (In 1944-45 this college confined efforts to working with individual teachers of the Community Health Service classes.) The conferences were planned by a committee composed of a principal or teacher from each of the areas, the chairman of the college inservice committee, the college Project representative, and the regional supervisor of the Department of Public Instruction.

Preliminary to the conferences the chairman for each area sent to each school **Suggestions for Preplanning**²⁰ which suggested a variety of ways of inventorying health interests and needs of students. It was intended that the findings of the needs inventories would be used as a basis for the discussion in program planning. Each of the conferences focused attention on the similarity of the goals of general and health education and the study of needs as a basis for program planning. A portion of the time was devoted to viewing and discussing the Project film, **Working Together for Health**, which emphasizes instructional techniques and community and school co-operation.

A number of things happened following these conferences. Administrators requested a guide for program improvement. A check list was prepared by the Project and made available to interested schools.²¹ An area health education committee (a sub committee of the Upper Peninsula planning committee) was appointed to stimulate further study of health education. And finally, as a result of problems raised in these conferences, a workshop for health department personnel was organized by the Deputy Commissioner of Public Health and the regional supervisor of the Department of Public Instruction and held in August, 1946, in conjunction with the curriculum workshop sponsored by the Michigan Secondary Curriculum Study and the Department of Public Instruction.

4. Western Michigan College of Education

This college, like Michigan State College, limited its field service activities to schools in its own county. The one conference²² sponsored by the college emphasized techniques of coordinating the health programs in the schools. Three agencies cooperated in this conference: the secondary schools of Kalamazoo County, Kalamazoo County Health Department, and Western Michigan College of Education. Consultants and discussion leaders represented the Department of Public Instruction; the Kalamazoo County Health Department; and

¹⁹About 300 secondary teachers, administrators, and representatives of Public Health participated in the 5 conferences

²⁰For Suggestions for Planning see *Conferences*. Vol. III. Community Health Service Project Files. Lansing: Department of Public Instruction

²¹A Check List for the Survey of Health Program Development in Secondary Schools, Bulletin 346. Lansing: Department of Public Instruction, 1946.

²²See *Conferences*, Vol. III. Community Health Service Project Files. Lansing: Department of Public Instruction

the college Departments of Student Teaching, Secondary Education, Curriculum, and Health Education.

The college health committee, which worked in cooperation with the college curriculum committee, held several meetings for the purpose of discussing plans and recommendations for the improvement of the health education program for all prospective teachers. Although there were no fundamental changes made in the curriculum some progress was made in enriching the preservice program through improved working relationships with the local and state health departments.

5. University of Michigan

The University submitted a plan for working on Project activities but for various reasons was unable to carry out the activities planned. It cooperated with the state health education committee of the Department of Public Instruction, and the Project in sponsoring a workshop²³ for the purpose of developing plans²⁴ for administrators to use in administering a total health program. This workshop,²⁵ one week in duration, was held at the University of Michigan in July, 1946. The workshop was directed by the Director of the Community Health Service Project and financed by Project funds granted to the University for field services.

Working with State Agencies and Organizations in the Transfer of Responsibilities

1. Department of Public Instruction

Project activities were decentralized by developing a readiness among various divisions of the Department for assuming responsibility for phases of the health program and by cooperating with the Department on general services to schools. This readiness was fostered through Project staff participation in the regular meetings of the instructional division, in general curriculum conferences, and in assistance with the preparation of materials. General services to schools were given through serving on various committees of the Department of Public Instruction, sharing in the responsibility for responding to letters and requests for materials, and furnishing consultants for workshops, conferences, and faculty meetings.

2. Michigan Department of Health

The working relationships and policies²⁶ which were developed in 1944-45 were continued with the various bureaus of the Michigan Department of Health which give consultant services to schools. The same regional public health nursing supervisor continued to act as liaison agent between the Project and the Michigan Department

²³For general plan and report of workshop see *Conferences*, Vol. III. Community Health Service Project Files. Lansing: Department of Public Instruction

²⁴These plans will be distributed to Michigan administrators through the Department of Public Instruction

²⁵The participants included 7 school superintendents; 2 helping teachers; 2 commissioners of schools; 4 teachers; 1 elementary teacher; 1 nurse; 2 secondary principals; 10 resource persons from the Department of Public Instruction, Michigan Department of Health, and county health departments

²⁶See *Conferences*, Vol. III. "Report of Meeting and Statement of Relationship", Community Health Service Project Files. Lansing: Department of Public Instruction

of Health. However, during the year there was an effort to transfer this Project nursing consultant service to the six regional supervisors and to define workable relationships of the public health and school service programs of the Department of Health to the general education program of the Project and the schools. The regional supervisors made some direct field visits to Project schools of their counties.

The bureaus of Nutrition, Education, and Public Health Dentistry gave consultant service to Community Health Service classes in the same manner as in 1944-45²⁷ but the Project made an effort to transfer the responsibility for making the requests for their services through the regular channels of local health departments.

Throughout the year the Project staff consultant, in addition to services directly related to the Project, worked with various bureaus and committees of the Michigan Department of Health on policies, production of materials, and the planning of conferences dealing with school and public health problems, in order to facilitate the transfer of services of the Project to appropriate channels of responsibility. One such service is illustrated by the arranging and assisting in the joint planning of the one day conference²⁸ of Michigan Public Health officials and school commissioners held as a session of the State Conference of School Commissioners at Higgins Lake.

3. Michigan State Library

The Michigan State Library continued to cooperate with the Project in encouraging schools and health agencies in the use of library resource materials. Library consultants participated in all of the college-Project conferences as well as other conferences and institutes by organizing exhibits of health materials and by participating in discussions. The Library reported that the demand for health education materials had steadily increased due to the display and use of materials at health education working conferences. This technique has carried over to other groups which are concerned with increasing the use of library materials.

4. Michigan School Health Association

The Project staff consultant worked on two committees of the Michigan School Health Association with efforts directed toward two general health needs in Michigan. These two committees developed an appraisal form²⁹ for evaluating the school health service program and a statement of competencies²⁹ needed by nurses for carrying a school health service within a generalized nursing program. This statement prompted a meeting with the directors of the two schools of public health nursing in Michigan at which there was a discussion of the improvement of training for public health nurses.

²⁷The Michigan Community Health Service Project, Bulletin 408. Lansing: Department of Public Instruction. Page 51

²⁸For program for conference see *Conferences*, Vol. III, Community Health Service Project Files. Lansing: Department of Public Instruction

²⁹For form and statement of competencies, write Secretary of Michigan School Health Association, 660 Frederick Street, Detroit, Michigan

Aids for Inservice Education

Those undertakings, not previously reported, that might have value for an ongoing program are briefly outlined below.

The Michigan Community Health Service Project Report, 1943-1945. The Project published a progress report in April, 1946, which described its operation from 1943 to 1945 and reported policies and points of view in relationship to processes of work. This report also gave such data as extent of participation by schools, colleges, and agencies, administrative organization, staff membership, budget, and expenditures. It should have value for organizations initiating similar projects and for professional students and teachers of health education.

Michigan Secondary School Association Bulletin, January, 1946. Upon request of the Michigan Secondary School Association the Project, in cooperation with the Experimental Health, Physical Education, Recreation, School Camping, and Outdoor Education Project, prepared the material for one issue of their state bulletin which was devoted to the health program. This issue, presenting descriptions of program planning, health instructional units, physical education and camping programs, as well as statements of philosophy, is a ready health education reference for Michigan secondary schools.

Health Education in Secondary Schools, Secondary Teachers and Principals tell how to Improve the Program.³⁰ This bulletin, prepared and published through the Project and the State Health Education Committee, contains an administrative guide for setting up and operating a program, descriptive accounts of experiences which teachers have had in teaching various health education units, an administrative check list, and the inventories which were prepared by the Project for the Community Health Service classes.

Health Education Section of the Manual for Health Officers.³¹ The Project staff, in contributing the section on School Health in the **Manual for Health Officers** published by the Michigan Department of Health, used another channel for transferring its responsibilities. This manual is the authorized guide for local health departments in planning all program services including school health services.

The Project Kodachrome Sound Film.³² Through the Project film, **Working Together for Health**, (cooperatively produced by the Michigan Department of Health, the Project, and the participating schools and colleges) a graphic presentation is made of procedures for health instruction. The film shows how the community is used as a laboratory for learning; how school departments can integrate the teaching of health education; how the schools and agencies fuse their services to children; and how cooperative planning is developed. The

³⁰*Health Education in Secondary Schools—Secondary Teachers and Principals Tell How to Improve the Program*, Bulletin 345. Lansing: Department of Public Instruction 1946

³¹See *A Manual for County and District Health Directors in Michigan*. Lansing: Michigan Department of Health. 1946

³²*Working Together for Health*, 16mm sound and color film, 25 minutes. May be obtained free from the Department of Public Instruction or the Michigan Department of Health, Lansing. Conference groups, school workshops, secondary school faculties and students, colleges of education, and professional health workers have found this film interesting and instructive

Discussion Guide for this film points out the implications of these activities for a general education program.

State Teacher Education Conference.³³ The Project, in cooperation with the representatives of the Department of Public Instruction, the Michigan Department of Health, and the Michigan Advisory Committee on Teacher Education³⁴ sponsored and planned a state conference held in Lansing, April 4 and 5, 1946, for the purpose of examining the problems in training secondary teachers for health education responsibilities. Ten teachers and administrators of secondary schools attended the conference and presented to the group, through a panel discussion, the problem: "What should be the pattern, plan, and method of health education in secondary schools? What types of personnel are needed to carry on the program in schools?" The four state colleges of education, Michigan State College, University of Michigan, and Wayne University sent representatives of departments of curriculum, secondary education, directed teaching, student personnel, guidance, health service, and health and physical education to participate.

³³For list of the 75 participants, the program, and the report of the conference see *Conferences*, Vol. III, Community Health Service Project Files. Lansing: Department of Public Instruction

³⁴The secretary of the Committee on Teacher Education represented the American Council on Education at this conference

PART TWO

INTERPRETATION AND EVALUATION

The evaluation of the Community Health Service Project was undertaken mainly for the purpose of giving to those who will be responsible for future health programs a more intelligent basis for planning. In the process of judging the effectiveness of this educational study certain kinds of evidence were gathered which indicate the extent to which educational values were furthered. This evidence, while not claiming to be precise research, includes qualitative judgments, descriptive comments, and quantitative measurements.¹

The framework of the evaluative aspects of this part of the report is based upon the data in the two major areas of emphases: (1) the Community Health Service course and (2) health in the general education program. Within each of these two areas there were certain purposes which were common to both. They were: procedures that are in harmony with democratic and cooperative concepts (planning and participation); functional instruction; interaction within the school as well as between the school and the community; and the processes of teacher improvement. The evaluative evidence is taken from responses to questionnaires mailed to participating school administrators, teachers, and students of Community Health Service classes, colleges of education, local health department personnel, and consultants carrying on similar projects in other states. The questionnaires were developed by the Project staff and later reviewed by the advisory committee, the liaison representative of the Michigan Department of Health, and the instructional staff of the Department of Public Instruction.

The objectives of the Project and the Units of Instruction suggested in the Syllabus 3051-R formed the basis for information and data requested in the evaluative questionnaires. The objectives² of the Project for 1943-45, as outlined, incorporated in a statement given in the first progress report of the Project were:

1. To help secondary schools improve their health instructional program by finding ways of incorporating more content into the program and by providing more functional experiences for students in personal, family, and community health, and through such efforts
 - a. to help students develop breadth of vision and awareness of their responsibility for an extended community health program which will contribute to the improvement of the health and living conditions of the people

¹The Project did not carry on a study of changing health conditions or of health education processes because both involved long-time programs

²See *Michigan Community Health Service Project, A Story of the Project from 1943 to 1945*, Bulletin No. 408. Lansing: Department of Public Instruction, 1946, for a complete discussion of objectives of the Project

- b. to help students develop understanding and knowledge of positive health and to build health practices which will function in safeguarding the health of the individual, the family, and the community
 - c. to help students develop an appreciation of and competence in procedures and skills for dealing with illnesses and emergencies in the home and the community
 - d. to help students become aware of the vocational opportunities in various health professions
2. To help teachers and administrators improve their understanding and skills in working together with community groups which are to contribute to the school health program
 3. To make available to schools materials and consultant services designed to assist in the improvement of all aspects of school health education

The Syllabus³, which was prepared as a guide for teachers of the class, outlined methods for administrative planning, units of instruction, resource materials, and learning experiences which would assist teachers, students, and allied groups to accomplish the objectives stated. The units which were suggested and used on an optional basis are:

- I. Analysis of Local Health Agencies (exploring resources)
- II. Analysis of Individual Health Status (health appraisals, physical examinations)
- III. Family Health (maternal health, sex education, infant and child care, communicable disease control)
- IV. Health Agencies, Community Health, and the School Program (sanitation, communicable disease control, mental health, health of the individual, and school environment)
- V. When Illness Comes (nursing skills, medication)
- VI. Health Professions (nursing, laboratory technicians, nutritionist)

The data which follow will include the summaries of opinions of students, teachers, administrators, and personnel of local health departments on the content and method used in the classes and the value of the Project in furthering the general health education program. Participating colleges gave opinions as to the contribution of the Project in teacher improvement, and state consultants gave opinions of the influence of the work of a similar nature in other states.

Appraisal of the Community Health Service Course

The Community Health Service course as outlined in Bulletin No. 3051-R was appraised as to content and pupil experiences by pupils, teachers of the classes, personnel of health departments, and administrators. As indicated by the units of instruction and the purposes of the Project the course had unique features of functional learning experiences and student planning emphasis.

Appraisal of Content by Pupils. Questionnaires were supplied to schools that had classes in 1945-46 requesting three students from

³Community Health Service Project, Suggested Outline, Syllabus 3051-R. Lansing: Department of Public Instruction

the class to rate as of much, little, or no value nine major topics studied in the course. Table I gives the replies from 121 students in 40 schools. Maternal health, sex education, infant and child care, control of communicable diseases, and nursing skills were, in the order named, believed to be of most value. These topics were included in the Syllabus under Unit III, Family Health, and Unit V, When Illness Comes.

TABLE I — PUPIL APPRAISAL OF CONTENT IN THE COMMUNITY HEALTH SERVICE COURSE

	We studied this topic	Of much value		Of little value		Of no value	
	No.	No.	%	No.	%	No.	%
Learning about local health agencies	98	72	73.5	25	25.5	1	1.0
Making your health appraisal and physical examination....	82	68	84.1	12	14.5	2	2.3
Maternal health	93	89	95.7	4	4.3	0	0.0
Infant and child care	102	96	94.1	6	5.9	0	0.0
Sex education	87	83	95.4	3	3.4	1	1.2
Learning about the health professions	90	67	74.5	21	23.3	2	2.2
Nursing skills	98	91	92.9	5	5.1	2	2.0
Communicable disease control	106	99	93.4	7	6.6	0	0.0
Medication	64	51	79.7	13	20.3	0	0.0
Total.....	820	716	87.32	96	11.71	8	0.98

The students registered least interest in learning about local health agencies and professions, the topics appearing in Units I and VI of the Syllabus. It is significant to note, however, that 87.32 per cent of the collective replies of 121 students indicate the topics as of much value, 11.73 per cent of little value, and less than one per cent of no value.

Appraisal of Content by Teachers. Teachers who taught the classes rated as of most or least value the same topics as did the students.

TABLE II — TEACHER APPRAISAL OF TOPICS STUDIED IN THE COMMUNITY HEALTH SERVICE COURSE

	Responses	Of most value		Of least value	
	No.	No.	%	No.	%
Learning about local health agencies	25	10	40.0	15	60.0
Making your health appraisal and physical examination..	14	9	64.3	5	35.7
Maternal health	25	20	80.0	5	20.0
Infant and child care	7	7	100.0	0	0.0
Sex education	7	7	100.0	0	0.0
Learning about the health professions	10	0	0.0	10	100.0
Nursing skills	20	18	90.0	2	10.0
Communicable disease control	12	9	75.0	3	25.0
Medication	5	3	60.0	2	40.0
Total.....	125	83	67.7	42	32.3

Table II shows the responses of 46 teachers. It will be noted that the five topics rated highest by pupils were also rated highest by teachers, although not in exactly the same order. Teachers ranked

the topics learning about local health agencies and professions 9 and 8 as did the students.

Appraisal of Content by Health Department Personnel. The appraisal of the six units of the Syllabus by 13 health departments is shown in Table III. It will be seen that 93.1 per cent of the collective responses indicated that health departments considered the course of much value to students, 6.9 per cent of little value, with no votes for the no value column. From these results it would seem that health department personnel valued the health education as outlined in this course of higher value than did either the pupils or the teachers.

TABLE III — HEALTH DEPARTMENT APPRAISAL OF INSTRUCTIONAL UNITS OF THE COMMUNITY HEALTH SERVICE COURSE

	Responses	Of much value		Of little value		Of no value	
	No.	No.	%	No.	%	No.	%
Analysis of local health agencies	12	10	83.0	2	17.0	0	0
Analysis of individual health status	13	12	92.0	1	8.0	0	0
Family health	13	13	100.0	0	0.0	0	0
Health agencies, community health, and the school program	13	13	100.0	0	0.0	0	0
When illness comes (nursing skills)	12	11	91.7	1	8.3	0	0
Study of health professions....	12	11	91.7	1	8.3	0	0
Total.....	75	70	93.1	5	6.9	0	0

It may be concluded that pupils, teachers, and health department personnel agreed in according highest value to the unit on Family Health and lowest value to the unit on Analysis of Local Health Agencies. One significant difference in opinion is revealed regarding the units dealing with health agencies and the study of health professions in that health department personnel ranked these units at the top or near the top while pupils and teachers placed them at the bottom or well toward the bottom.

Appraisal of Methods by Pupils. The instruction in health education offers many opportunities for enrichment from community resources and for functional learning experiences. In the average health classes pupils have been deprived of these experiences. It was thought that the opinion of students and teachers having experienced these instructional units and activities would be valuable in giving direction to health education instruction. An analysis of tables IV and V shows that the students and teachers of the Community Health Service classes are in harmony with the educational philosophy, that the **learning by doing** method is more satisfying and more effective in applying health information and theory to healthful practices and living. The methods which were rated of much value by over 90 per cent of the responses could all be classified in the **doing** category. The student responses also revealed an interest of high school pupils in health service and community

enterprises. This interest is not to be interpreted that by extending the classroom into the community as a laboratory for learning, less

TABLE IV — PUPIL APPRAISAL OF THE COMMUNITY HEALTH SERVICE COURSE IN TERMS OF INSTRUCTIONAL METHODS EMPLOYED

	We used this method	Of much value		Of little value		Of no value	
	No.	No.	%	No.	%	No.	%
Reading text materials	100	73	75.00	24	24.00	3	3.00
Reading supplementary materials	101	85	84.16	14	13.86	2	1.98
Seeing motion pictures	96	86	89.58	9	9.38	1	1.04
Planning with other students	62	55	88.71	5	8.07	2	3.22
Planning with adults	32	25	78.125	6	18.75	1	3.125
Working with community agencies	62	57	91.935	3	4.84	2	3.225
Visiting in community	69	67	97.1	2	2.9	0	0.00
Conducting surveys	49	43	87.76	5	10.20	1	2.04
Performing laboratory experiments	23	20	86.95	2	8.70	1	4.35
Conducting health examinations	49	42	85.71	6	12.25	1	2.04
Working with a nurse consultant	85	76	89.5	6	7.0	3	3.50
Helping plan the school lunch	13	6	46.1	5	38.5	2	15.40
Helping in immunization clinics	29	27	93.10	1	3.45	1	3.45
Being responsible for health room	42	36	85.72	3	7.14	3	7.14
Conferring with community agencies	67	63	94.03	3	4.48	1	1.49
Planning with other high school teachers	18	15	83.33	2	11.11	1	5.56
Memorizing facts	73	57	78.08	11	15.07	5	6.85
Listening to talks	113	99	87.6	11	9.7	3	2.7
Writing tests	93	68	73.12	15	16.13	10	10.75
Working in hospitals	35	33	94.3	0	0.00	2	5.7
Taking physical examinations	44	38	86.36	4	9.09	2	4.55
Studying health statistics	76	60	78.95	15	19.74	1	1.31
Following up my health appraisal	53	48	90.57	5	9.43	0	0.00
Working on student committees	45	42	93.33	3	6.67	0	0.00
Student planning:							
Problems for study	62	52	83.87	5	8.065	5	8.065
Material or resources	44	35	79.54	6	13.64	3	6.82
Methods of study	45	36	80.00	6	13.33	3	6.67
Methods of reporting	48	43	89.6	4	8.30	1	2.10
Using special consultants from outside the community	58	56	96.55	2	3.45	0	0.00
Using private physician	31	30	96.8	1	3.20	0	0.00
Using private dentist	14	13	92.9	1	7.10	0	0.00
Drilling upon mastery of facts about health	57	51	89.4	5	8.80	1	1.80
Discussing with students my personal problems	55	53	96.4	2	3.60	0	0.00
Taking care of small children in elementary or nursery school	31	30	96.8	1	3.20	0	0.00
Total	1,874	1,620	86.45	193	10.30	61	3.25

TABLE V — TEACHER APPRAISAL OF THE COMMUNITY HEALTH SERVICE COURSE IN TERMS OF METHODS AND EXPERIENCES EMPLOYED

	We studied this topic	Of much value		Of little value		Of no value	
	No.	No.	%	No.	%	No.	%
Reading text materials	35	22	62.9	13	37.1	0	0.0
Reading supplementary materials	36	31	86.1	5	13.9	0	0.0
Seeing motion pictures	37	35	94.6	2	5.4	0	0.0
Planning with other students	23	21	91.3	1	4.35	1	4.35
Planning with adults	26	16	61.54	9	34.62	1	3.84
Working with community agencies	33	30	90.9	3	9.1	0	0.0
Visiting in the community	28	27	96.4	1	3.6	0	0.0
Conducting surveys	20	11	55.0	8	40.0	1	5.0
Performing laboratory experiments	13	13	100.0	0	0.0	0	0.0
Conducting health examinations	29	26	89.6	3	10.4	0	0.0
Using a nurse consultant	39	39	100.0	0	0.0	0	0.0
Helping plan the school lunch	4	3	75.0	1	25.0	0	0.0
Helping in immunization clinics	20	17	85.0	3	15.0	0	0.0
Being responsible for health	24	22	91.7	2	8.3	0	0.0
Conferring with community agencies	28	27	96.0	1	4.0	0	0.0
Planning with other H. S. teachers	14	6	42.9	7	50.0	1	7.1
Memorizing facts	17	8	47.05	8	47.05	1	5.9
Listening to talks	39	34	87.0	5	13.0	0	0.0
Writing tests	32	21	65.625	11	34.375	0	0.0
Working in hospitals	14	13	92.9	1	7.1	0	0.0
Taking physical examinations	12	11	91.7	1	8.3	0	0.0
Studying health statistics	18	8	44.4	9	50.0	1	5.6
Following up personal health appraisal	17	16	94.1	1	5.9	0	0.0
Conducting immunization programs	14	12	85.7	2	14.3	0	0.0
Using student committees	20	20	100.0	0	0.0	0	0.0
Having students help choose Problems of study	28	24	85.7	4	14.3	0	0.0
Materials or resources	19	18	94.7	1	5.3	0	0.0
Methods of study	19	17	89.5	2	10.5	0	0.0
Methods of reporting	22	19	86.4	3	13.6	0	0.0
Using special consultants from outside the community	41	41	100.0	0	0.0	0	0.0
Using private physicians	15	12	80.0	3	20.0	0	0.0
Using private dentists	6	5	83.3	1	16.7	0	0.0
Drilling upon mastery of facts about health	19	15	78.9	3	15.8	1	5.3
Counseling with students regarding personal problems	29	26	89.7	3	10.3	0	0.0
Taking care of small children in elementary or nursery school	14	12	85.7	2	14.3	0	0.0
Total.....	804	678	84.33	119	14.8	7	.87

emphasis was placed upon the classroom preparation for these experiences.

Those methods which were rated of much value by 90 per cent or more of the student responses were: working with community

agencies; visiting in the community; helping immunization clinics; conferring with community agencies; working in hospitals; following up my health appraisal; working on student committees; using special consultants from outside the community; using private physicians; using private dentists; discussing with students my personal problems; and taking care of small children in the elementary or nursery school.

It is also interesting to note that the methods — such as reading text materials, planning with adults, helping plan the school lunch, and writing tests — were considered of less value since 80 per cent or less of the pupils placed these in the “of much value” category as contrasted with over 90 per cent in case of the more functional activities.

Appraisal of Methods by Teachers. Table V shows the evaluations made by forty-six teachers of the methods which they used. Not all the methods listed were used by all the teachers responding but there were enough responses to indicate that teachers and students were in general agreement as to methods in health education.

The methods which have been commonly used by teachers of health education again were less favored by the teachers responding. They were: reading text materials; planning with adults; conducting surveys; helping plan the school lunch; planning with other high school teachers; memorizing facts; writing tests; studying health statistics; and drilling upon mastery of facts about health.

The methods held highest in value by 90 per cent or more of the group were: seeing moving pictures; **planning with other students**; working with community agencies; visiting in the community; **performing laboratory experiments**; **using a nurse consultant**; being responsible for health; conferring with community agencies; working in hospitals; taking physical examinations; using student committees; having students choose materials and resources; and **using special consultants from outside the community**. The methods in bold face were considered of most value by all who responded.

Appraisal of the Approaches to Health as a Concern of General Education

“General education is concerned with that body of common knowledge, common ideals, common interests and applications, common modes of thought, feeling, and action that all young people have irrespective of sex, social status, or future vocation.”⁴ and ⁵ Health is one of those areas of common learnings now emerging which is challenging the secondary schools to provide a program for all secondary pupils.⁶

⁴Strong, Melvin. “General Education in the Core Courses.” *The Clearing House*, December 1944. Page 214

⁵See a second statement on General Education, Rice and Faunce, *Michigan Secondary Study Report 1937-1945*. Lansing: State Board of Education. Page 37

⁶Definition of Health Education—*Planning and Working Together*, Bulletin 337. Lansing: Department of Public Instruction. “The curriculum of the secondary school should include wide experiences in healthful living. Group activities leading toward competence in social situations are here implied, for they contribute to mental health. Such activities should move from mere mastery of a body of knowledge into attention to the health of each boy and girl. This implies health examinations, corrections, cumulative records, and participation in efforts to improve community health. There is need for a definite reorganization of the secondary school to bring about an integrated program of health education.”

The Project made two approaches toward creating an environment in which Michigan high schools and colleges of education might meet this challenge in the future. The first utilized the Community Health Service class as an entering wedge for establishing health in the curriculum. This represented a spearhead type of attack on curriculum improvement although it was not the initial purpose. The second was a general approach which was directed toward sensitizing those responsible for secondary education to the problems of health education and to stimulate teacher growth in terms of the working needs of the local group.

In working toward this total program of health the Project had an overall general concern in the involvement of functionaries so they would actually face a mutual responsibility and build together; but in working with schools toward developing this general health program the Project had to adjust its services to the previous experiences schools had had in making curriculum changes. In general, experiences have been very limited in dealing with general education programs.

Tables VI to XVII inclusive, giving evaluative data on the general education efforts, are grouped under four headings according to the two general approaches to health program improvement and to the processes of teacher growth. They will appear in this sequence:

- a. Tables VI and VII — Influence of the Community Health Service Course on the Total Health Program
- b. Tables VIII, IX, X, and XI — Influence of the Project on School and Community Interaction
- c. Tables XII and XIII — Influence of Consultant Service and Source Materials in Promoting General Health Programs
- d. Tables XIV, XV, XVI, XVII — Influence of the Project Activities on Teacher Improvement

Influence the Community Health Service Course Had on the Total Health Program

From the Project's direct contacts with schools and the evaluative reports of students and faculties, it was learned that the Community Health Service course activities were of interest to many students not enrolled in the class. Also a general interest in health had been stimulated among school faculties through the cooperative teaching methods used. The extent of this influence is appraised by teachers and administrators.

Influence of Course as Seen by Teachers. The questionnaires to teachers requested their opinions as to how valuable the class was in stimulating an interest in health education and of setting in motion the resources of the school for program improvement.

**TABLE VI — EFFECT OF THE COMMUNITY HEALTH SERVICE
PROJECT COURSE ON THE TOTAL SCHOOL HEALTH
PROGRAM AS SEEN BY TEACHERS**

	Responses	Much		Little		None	
	No.	No.	%	No.	%	No.	%
Were health experiences and content included in subjects other than the health class?	47	12	25.6	31	66.0	4	8.5
Did faculty discuss health program in general teachers' meeting?	43	4	9.3	23	53.5	16	37.2
Has a faculty health committee contributed to program?	40	5	12.5	14	35.0	21	52.5
Has student organization contributed to health program?	44	6	13.6	11	25.0	27	61.4
Did the class stimulate the school to initiate planning a total school health program?	43	10	23.3	17	39.5	16	37.2
Has your experience with the class been professionally valuable?	40	33	82.5	7	17.5	0	0.0
Did the class unite the faculty in professional inservice development?	36	2	5.6	19	52.8	15	41.7
Total.....	293	72	24.6	122	41.6	99	33.8

The appraisal of the classes as to the influence they had on the development of the total program indicates, as shown in Table VI, that the health program had not become a concern of the total faculty. Only 25.6 per cent of the teachers said the Project had been of much value in stimulating other teachers to teach health and only 9.3 per cent thought it of much value in stimulating the discussion of health in faculty meetings. This indicates how rarely high school faculties deal with problems of health of high school pupils. So the responses of even 23.2 per cent indicating the Project of much value in stimulating total school programs, is encouraging.

The 82.5 per cent who reported the class of much value in promoting professional growth of a teacher is significant and would have been an important factor in developing a general health program if school administrators had utilized the leadership of these teachers more widely. The response to the question regarding local school inservice programs indicates there were some conscious efforts for inservice planning but it has not become a recognized part of programs for curriculum improvement.

It is interesting to note that either student organizations are not aware of their citizenship responsibilities in the area of health or else they do not function as a vital part of the total school program.

Influence of Community Health Service Course as Seen by Administrators. Administrators showed an active interest in the Community Health Service Course since its inception. They assisted in

the planning and in making community contacts. Through this interest they became aware of the activities of students, parents, and other faculty members. Administrators were asked questions similar to those asked of teachers.

TABLE VII — EFFECT OF THE COMMUNITY HEALTH SERVICE COURSE ON THE TOTAL SCHOOL PROGRAM AS SEEN BY SCHOOL ADMINISTRATORS

	Responses	Much		Little		None	
	No.	No.	%	No.	%	No.	%
Were health experiences and content included in subjects other than the health class?	44	12	27.3	30	62.8	2	4.5
Did your faculty discuss the health program in general teachers' meetings?	46	6	13.0	30	64.8	10	21.7
Has a faculty committee contributed to the health program?	46	12	26.1	16	34.8	18	39.1
Has a student organization contributed to the health program?	53	11	20.8	15	28.3	27	50.9
Did the class unite the faculty in professional inservice development?	48	7	14.6	27	56.3	14	29.2
Total.....	237	48	20.25	118	49.79	71	29.96

Table VII indicates that administrators generally thought that the class had been of slightly more value in every item than did the teachers. One noticeable exception in responses was on the item about the effect regarding faculty committee contribution to the health program. Twenty-six and one-tenth per cent of those replying rated it as being of much value while only 12.5 of the teachers rated it of much value.

Influence of the Project on School and Community Interaction

The Project assumed that community-school interaction was desirable for promoting the growth of teachers and health department personnel and for promoting student growth in citizenship responsibility in matters of community health. The extent to which these general education values were achieved and a closer working relationship between the school and community health agencies developed is given in Tables VIII, IX, X and XI, which summarize the opinions of teachers, administrators, and health department personnel.

Appraisal of the Influence on Community and School Interaction by Teachers. Several emphases throughout the Project were aimed to encourage and facilitate community school interaction.

**TABLE VIII — VALUE OF THE COMMUNITY HEALTH SERVICE
PROJECT IN TERMS OF SCHOOL-COMMUNITY INTERACTION**

	Responses	Much		Little		None	
	No.	No.	%	No.	%	No.	%
Has it promoted use of community resources and agencies?	37	21	56.8	13	35.1	3	8.1
Have school-community relationships been strengthened?	40	20	50.0	16	40.0	4	10.0
Has group planning with persons in the community taken place?	42	11	26.2	15	35.7	16	38.1
Have plans for future cooperative planning been developed?	36	6	16.7	9	25.0	21	58.3
Did girls, upon completion of course give service to community agencies?	46	15	32.6	13	28.26	18	39.13
Has the community aided your health program?	34	12	35.3	4	11.8	18	52.9
Total.....	234	85	36.32	69	29.49	80	34.19

The responses in Table VIII indicate that teachers believe that the Project did advance the use of community agencies by schools. Fifty-six and eight-tenths per cent said it had been of much value in promoting the use of agencies and 50 per cent in strengthening school-community relationships. One practical approach to both student citizenship attitudes and community interaction is through school-community enterprises; the rating of 33.3 per cent of much value, and 26.7 per cent of some value, indicates that the Project methods have potentiality for developing these values. The ratings of the two items on planning indicate that the Project assisted schools only slightly in this respect since 58.3 per cent rated no value in promoting systematic planning. The 52.9 per cent who responded that the community was of no aid in their program indicated either that community agencies are not giving services to schools or that school faculties are unaware of services given.

Influence on Community and School Interaction as Seen by Administrators. Administrators were also aware of the opportunities school and community have for working together on health problems. They give in Table IX their reactions to the value of the Project in promoting this phase of interaction.

TABLE IX — VALUE AND EFFECT OF THE PROJECT IN TERMS OF SCHOOL-COMMUNITY INTERACTION

	Responses	Much		Little		None	
	No.	No.	%	No.	%	No.	%
Has it promoted use of community resources and agencies?	41	21	51.2	17	41.5	3	7.3
Have school community relationships been strengthened?	49	26	53.0	19	38.8	4	8.2
Has the group planning with persons in the community taken place?	51	26	51.0	16	31.0	9	18.0
Have plans for future cooperative planning been developed?	43	9	21.0	17	39.5	17	39.5
Did girls, upon completion of course give services to community agencies?	43	12	27.9	23	53.5	8	18.6
Has the community aided your health program?	37	25	67.6	6	16.2	6	16.2
Total.....	264	119	45.08	98	37.12	47	17.8

School administrators had a much more favorable opinion than the teachers had of the value of the Project in developing school and health agency relationships. They were also more optimistic about the extent to which group planning had taken place and the aid which had been received from community groups and agencies.

Influence on Promoting Use of Health Department Personnel

Health departments were called upon to assist schools through giving special consultant services, planning community enterprises, providing teaching aids, and giving some direct health services. Health departments reacted to these activities in their relationship to developing school-community cooperation.

TABLE X — VALUE OF THE PROJECT IN FURTHERING THE USE OF HEALTH DEPARTMENT PERSONNEL AS REPORTED BY HEALTH DEPARTMENTS

	We used these	Of much value		Of little value		Of no value	
	No.	No.	%	No.	%	No.	%
Sanitarian	9	6	66.7	3	33.3	0	0
Nurse	12	8	66.7	4	33.3	0	0
Director	7	5	71.4	2	28.6	0	0
Nutritionist	5	2	40.0	3	60.0	0	0
Dental health educator	2	1	50.0	1	50.0	0	0
Cancer specialist	5	3	60.0	2	40.0	0	0
Maternal health consultant.....	6	5	83.3	1	16.7	0	0
Regional nursing consultant..	4	1	25.0	3	75.0	0	0
Total.....	50	31	62.0	19	38.0	0	0

Of the health personnel listed in Table X the sanitarian, nurse, and director are the more commonly employed by county health departments and these are shown to be used most frequently by the thirteen departments of health reporting. The high ratings in the "of much

value column" seem to indicate that health departments feel that schools which received their help did so with a good deal of profit.

TABLE XI — VALUE OF THE PROJECT IN STIMULATING HEALTH DEPARTMENTS TO COOPERATE IN PHASES OF SCHOOL HEALTH PROGRAMS AS REPORTED BY HEALTH DEPARTMENTS

	Responses	Of much value		Of little value		Of no value	
	No.	No.	%	No.	%	No.	%
To participate in conferences	11	8	72.7	3	27.3	0	0.0
To assist class groups	13	11	84.6	1	7.7	1	7.7
To plan and guide field excursions	12	8	66.6	2	16.7	2	16.7
To participate in faculty or health meetings	13	7	53.8	5	38.5	1	7.7
Total.....	49	34	69.4	11	22.4	4	8.2

The activities indicated in Table XI are illustrative of kinds of interaction which not only contribute to cooperative efforts but also to personnel improvement. The responses of 72.7, 84.6, and 66.6 per cent of much value indicate that health departments believe the Project was successful in stimulating their participation in school conferences, assisting class groups, and helping to plan and guide field excursions.

Influence of Use of Consultative Service and Source Materials in Promoting General Health Programs

Influence of Consultative Services on General Education. The use of consultative services was encouraged by the Project for enriching school health activities and contributing to a process of teacher growth. How valuable and extensive this service was in the opinions of teachers is shown in Table XII.

TABLE XII — AMOUNT AND SOURCES OF CONSULTATIVE ASSISTANCE RECEIVED IN FURTHERING THE GENERAL EDUCATION APPROACH AS SEEN BY TEACHERS

	Responses	Of much value		Of little value		Of no value	
	No.	No.	%	No.	%	No.	%
State health department consultants	40	18	45.0	16	40.0	6	15.0
State Project consultants	27	16	59.3	7	25.9	4	14.8
College consultants	23	5	21.74	7	30.43	11	47.83
Community health personnel	38	26	68.4	9	23.7	3	7.9
Through area or district conferences	23	11	48.0	9	39.0	3	13.0
Total.....	151	76	50.33	48	31.79	27	17.88

State health department and community health department personnel were apparently called upon most frequently while community health and the state Project consultants were rated the most valuable by the greatest number of teachers. It is interesting to note that consultative services from colleges were used least.

Influence of Source Materials Used by Teachers on General Education. Health education materials were available from many sources and the Project encouraged their wide use through a bibliography in the Syllabus 3051-R and the field service program.

TABLE XIII — VALUE OF VARIOUS SOURCE MATERIALS IN FURTHERING THE GENERAL EDUCATION APPROACH AS SEEN BY TEACHERS

	Used this resource	Of much value		Of little value		Of no value	
	No.	No.	%	No.	%	No.	%
The Community Health Service Project Syllabus (Bulletin 3051-R)	44	35	79.5	9	20.5	0	0.0
Other Department of Public Instruction bulletins	38	32	84.2	6	15.8	0	0.0
State health department pamphlets	41	37	90.2	4	9.8	0	0.0
Films	40	33	82.5	7	17.5	0	0.0
Published texts	35	29	82.85	5	14.3	1	2.85
Total	198	166	83.84	31	15.66	1	0.50

Table XIII gives the teachers' opinions of the value of source materials commonly used. While all sources were rated of much value by some teachers, publications from the Michigan Department of Health received highest rating and apparently fit the needs of the teachers the best of any source materials used.

Influence of the Project Activities on Teacher Improvement

The objective of teacher improvement was attacked from three different directions: by giving direct assistance to teachers on the job; by stimulating more field services in health education to schools through the regular channels of college field services; and by stimulating an organized effort on campuses for improving the preservice education program. Tables XIV, XV, XVI and XVII give the opinion of administrators and colleges of education as to how valuable the various project services and activities had been in furthering this general objective of teacher improvement.

TABLE XIV — APPRAISAL OF RESOURCE ASSISTANCE FOR THE IMPROVEMENT OF TEACHERS IN THE GENERAL EDUCATION APPROACH AS SEEN BY ADMINISTRATORS

	We used this	Of much value		Of little value		Of no value	
	No.	No.	%	No.	%	No.	%
State health department consultants	37	33	89.2	4	10.8	0	0.0
State Project consultants	31	27	87.1	3	9.7	1	3.2
College consultants	12	5	41.7	5	41.7	2	16.7
Local health department personnel	35	31	88.6	4	11.4	0	0.0
Area or district conferences	26	13	50.0	12	46.2	1	3.8
Correspondence	27	10	36.9	17	63.0	0	0.0
Production of resource materials	17	13	76.5	3	17.6	1	5.9
Faculty meetings	21	12	57.1	6	28.6	3	14.3
Preopening conferences	21	12	57.1	7	33.3	2	9.5
Total	227	156	68.72	61	26.87	10	4.41

Influence of Assistance on Teacher Improvement as Seen by Administrators. Schools had many resources at their disposal for bringing about teacher growth and program improvement.

Table XIV shows that administrators rated state health department consultants, local health department consultants, state Project consultants, and local production of resource materials as of highest value, in the order named, in the improvement of teachers. College consultants and correspondence were rated at the bottom in value. Thirty-seven of 47 administrators reported use of state health department consultants and only 12 called on college consultants the least used in resources listed.

Influence of the Project on College Field Services. The Project believed that the field services of the colleges should be used in promoting teacher growth in health education if such services were given through the regular college channels for inservice education and thereby strengthen the established college field service programs.

TABLE XV — APPRAISAL OF THE PROJECT BY PARTICIPATING TEACHER EDUCATION INSTITUTIONS IN TERMS OF ITS CONTRIBUTION TO THEIR INSERVICE EDUCATION PROGRAMS

	Responses	Much		Little		None	
	No.	No.	%	No.	%	No.	%
Broadening contacts in the field with individual teachers and schools	5	4	80.0	1	20.0	0	0.0
Assisting colleges to plan and organize conferences and other field service programs	5	4	80.0	1	20.0	0	0.0
Assisting colleges in locating and using special health consultants for field services	5	4	80.0	1	20.0	0	0.0
Assisting colleges to analyze and evaluate field service needs and techniques	5	2	40.0	3	60.0	0	0.0
Contributing to the general inservice interests and organization of the college....	5	4	80.0	1	20.0	0	0.0
Total.....	25	18	72.0	7	28.0	0	0.0

Table XV is not only an evaluation by the colleges of the extent to which their field services were strengthened but it also indicates that these five colleges⁷ differed in their interest and capacity for giving field services. Four of the five colleges indicated that the Project was of much value in four of the five items listed. Only two of the five colleges thought it had been of much value in helping them to evaluate their field service needs and techniques.

Influence of the Project on College Preservice Programs. The participating colleges, stimulated by health education needs in high schools, became interested in improving the training program in health education for their prospective secondary teachers. Upon request,

⁷Only five of the six cooperating colleges submitted the appraisal report

the Project gave certain kinds of assistance to colleges which five of the six cooperating appraised.

TABLE XVI — APPRAISAL OF THE PROJECT BY PARTICIPATING TEACHER EDUCATION INSTITUTIONS IN TERMS OF ITS CONTRIBUTION TO THEIR PRESERVICE EDUCATION PROGRAMS

	Total number responses	Of much value		Of little value		Of no value	
	No.	No.	%	No.	%	No.	%
Stimulating the interest of a greater number of departments which could contribute to this area of teacher education	5	2	40.0	3	60.0	0	0.0
Stimulating an organized effort to study the present college health program	5	3	60.0	2	40.0	0	0.0
Assisting in developing a more unified effort among the departments of education, health education, student teaching, and health services	5	3	60.0	2	40.0	0	0.0
Assisting the college to analyze the needs of the secondary school program	5	3	60.0	1	20.0	1	20.0
Broadening the use of health resources on the campus....	5	3	60.0	2	40.0	0	0.0
Total.....	30	17	56.7	12	40.0	1	3.3

The five items listed in Table XVI represent the problems most frequently worked upon by colleges. This table shows that three of the five colleges thought the Project had been of much value in improving the preservice program while two said it had been of little value. One college indicated that the Project had been of no assistance in the problem of analyzing the general secondary health program.

Influence of the Project's General Activities on Teacher Improvement. The Project, in attempting to stimulate the six colleges to evaluate their teacher education programs in terms of the changing secondary health program, took direct responsibility for certain consultative services to the colleges and provided an opportunity for colleges to meet for an exchange of experiences. These group activities and services are evaluated by five of the cooperating colleges.

The conferences sponsored by the Project for the discussion of problems and exchange of experiences were considered of much value by the five colleges. Four colleges also rated the area health education conference and staff consultant visits to the campus of much value. Visits to schools as an activity which would indirectly influence their preservice program were rated as of little value by all the colleges.

TABLE XVII — APPRAISAL OF THE PROJECT BY PARTICIPATING
TEACHER EDUCATION INSTITUTIONS IN TERMS OF ITS CONTRI-
BUTION TO TEACHER IMPROVEMENT IN HEALTH INSTRUCTION

	Total number responses	Of much value		Of little value		Of no value	
	No.	No.	%	No.	%	No.	%
Conferences held by the Project for college representatives of the Project	5	5	100.0	0	0.0	0	0.0
The state teacher education conference	5	5	100.0	0	0.0	0	0.0
Area health education conference sponsored jointly by college and Project	5	4	80.0	1	20.0	0	0.0
College staff field visits to schools	5	0	0.0	5	100.0	0	0.0
Project staff consultant visits to campus	5	4	80.0	1	20.0	0	0.0
Other consultants referred to the campus	5	3	60.0	1	20.0	1	20.0
Total	30	21	70.0	8	27.0	1	3.3

Influence of the Project on the Programs of Other States

Twenty-four states initiated a health Project subsequent to the launching of the Michigan experimental program. Visitors from twenty-one states came to Michigan to visit with personnel in the state offices and local school officials and to observe the Project in action. Representatives from twenty-two states attended a conference in Chicago planned by the Michigan Project in cooperation with the W. K. Kellogg Foundation. A great deal of correspondence was exchanged with other state education and health officials and inquiries answered. The Michigan film was used by other states. The Suggested Outline, No. 3051-R, was sent to other states as was the report of the Project for the period 1943-1945. To follow up these contacts questionnaires were sent to nineteen state departments of education, fifteen of them responding.

TABLE XVIII — INFLUENCE OF THE COMMUNITY HEALTH SERVICE
PROJECT UPON HEALTH PROGRAMS IN OTHER STATES

	Total Responses	Influenced	Not Influenced
The basic materials used	13	12	1
The general administration of the program	11	9	2
The method of attack on health education	11	10	1
The procedure for working with teachers and groups....	11	7	4
Total	46	38	8
Per cent		82.61	17.39

Table XVIII shows that 82.61 per cent of the responses indicated that contact with the Michigan Project influenced other states in such matters as administration of the program, materials and methods used, and procedures employed in working with teachers and groups.

The following are typical comments made in reports, "Michigan materials served as guides." "We patterned the general administration of our program according to the Michigan plan." "Your program supplied convincing information." "We found the Michigan film, **Working Together for Health** very helpful." "Had we had the film and the report two years ago when we began our Project, we would have gained much more help." "The first relationships which existed between school and non-school agencies in Michigan gave leads in establishing our Project." "Our superintendent was impressed by his visit to Michigan and later employed one of the Michigan consultants as state supervisor." "Many helpful ideas were gained from the conference in Chicago in February, 1945." "We feel that the practical experiences which the Michigan program provided for students have real value." Similar comments are to be found in the original data from fifteen states.

The general conclusions drawn from these evaluative data, together with an interpretation, are included in the following chapter.

PART THREE

GENERAL CONCLUSIONS

It is always difficult to judge an activity such as the Community Health Service Project by objective data. Although the idea sprang from the needs of the times, the scope of the Project grew so wide and the ramifications so great that it reached into the lives of more persons than were contacted by pencil and paper data. There is always an inability to measure that quickening of interest in an idea or the desire and capability to carry forward an activity when the evaluative aspect concerns itself with people. Only its future can truly evaluate the Community Health Service Project, its growth, and its influence.

In the evaluation it must be remembered that it was set up as a war-time measure to provide assistance in hospitals and other community services and to interest girls in the health professions. As the war progressed and the needs and points of view changed there was change in the Project emphasis. The rapidity of these changes hindered the assimilation of modified procedures, content, and concepts by colleges, high schools, and health agencies. This inability to assimilate, unify, and project a more comprehensive viewpoint of health in education was due in part to the necessary opportunistic approach in changing the curriculum and to a lack of continuity in staff on the state level, as well as the short-time planning and orienting imposed on the participating groups concerned.

The first portion of this section enumerates some general outcomes of the Project. Then follows a record of activities and procedures which might be repeated or given more emphasis, and activities which might be modified or given better direction, if a similar project were to be undertaken. Finally there appears a statement of future problems and needs in health education.

General Outcomes

1. Approximately 5,000 high school girls were prepared to give services to home and community during the war.
2. Participating schools and communities were brought closer together in working for the improvement of school and community health.
3. Leaders at all levels grew in their ability to plan and execute a program of preservice and inservice teacher education.
4. Participating colleges became aware of new state and community resources for enriching their programs of preservice teacher education.

5. Participating colleges made another step in analyzing their inservice programs and applying their policies and services to teachers in the field of health education.
6. There was developed a clearer concept for the need of a definite organization, on the state level, for implementing and facilitating health education.
7. Leadership on the state level gained a clearer conception of the incompleteness of the plans and policies for field services to schools.
8. The Project brought to leaders at all levels additional light on the dynamics of a total health education program in operation.

Activities and Procedures Which Might Be Repeated or Given More Emphasis

1. Although the approach of planning together on many levels—pupils, teachers, administrators, and health agencies—was slow in the initial stages and burdensome to schools unaccustomed to its use, yet this broad planning was one of the procedures that proved invaluable and might on another occasion be repeated and extended.
2. The experiential and **doing-type** of program utilizing the community and its resources as a laboratory, represented a type of procedure that both students and teachers supported as a practical approach to functional learning.
3. Another valuable activity was the stimulation given to the improvement of teachers and teacher education programs in health. The state conference on health education held in 1946 was most valuable in focusing the attention of college and school administrators on the problems and important aspects of teacher education in this field. A similar conference, if the Project were to be repeated, might well be held during the early planning stages.
4. Two widely used teaching aids served markedly to sharpen the concepts expressed through the activities for planning, instructing, or organizing a health program. The **Community Health Service Project, Suggested Outline**, Bulletin 3051-R, served as a guide in Michigan and other states with similar projects for both a course and a general education emphasis; secondly, the motion picture, **Working Together for Health**, produced by the Project and featuring the techniques of instruction, planning, and working with community agencies, student learning experiences and activities and in the preparation of teachers, was used by school faculties, student conference groups, and professional health workers as an aid to inservice education.
5. Direct consultant services to schools and group conferences on the local level proved to be among the most valuable techniques for teacher improvement, and might well have been extended.

Activities and Procedures Which Might Be Modified or Given Better Direction

1. The first goal of the ultimate phase of the Project was the decentralization of state services to the schools. This involved consultants from the six state tax-supported colleges. Presumably through this cooperative relationship any or all high schools could receive consultant assistance. This arrangement was entered into by and with the colleges without an adequate understanding or appreciation of the nature of the services to be rendered and of the staff time and competencies required. Moreover, selecting colleges as cooperating agencies simply because they were tax-supported did not prove practical.
2. More objective results toward decentralization might have been obtained had the Project, in cooperation with colleges, confined its services to as small a number of schools as could reasonably be serviced and especially to those willing and able to make administrative and curricular adjustments that seemed in order. For the same reason colleges might better have worked toward program development in one or two schools to serve as demonstration centers.
3. Although the Community Health Service Project extended over three and a half years, it did not achieve the best results that could come with long-term planning and effort. The initial emphasis—that of giving services and of preparation for health professions—gave way at the end of two years to a broader viewpoint of health. Lack of continuity in administration, limited staff, and the absence of early evaluative plans deterred some of the desired goals. It would have been better to have visualized a long-time plan with flexibility enough to meet social changes and local needs.
4. A retarding influence to the latter phase of the Project was the early emphasis on the course approach which retarded health from moving into a general education program. In spite of the attempts to broaden the program, the course approach persisted as it appeared to administrators to be the more practical method; yet these same schools had presumably subscribed to the philosophy of health as a part of general education.

Future Problems and Needs in Health Education

1. Although the colleges, high schools, and health departments realize that administrative problems in promoting health in high school education bear a relationship to those in teacher education, and recognize that each agency has a need for refining administrative responsibilities peculiar to itself, there is nevertheless a need for an overall administrative plan which would coordinate the efforts of all these contributing agencies.

2. In order to bring about changes in the curriculum in terms of student needs and interests, provisions need to be made for better trained teachers and consultant services to give guidance to school administrators in planning and conducting a total health program.
3. A number of problems might immediately be resolved on the secondary level and promote a more effective college program if the colleges in their general health education programs would place more emphasis on an experience type of directed teaching for prospective secondary teachers.

APPENDIX A

PROJECT BUDGETS AND EXPENDITURES

	Budget* 1942 to August 15, 1943	Expenditures 1942 to August 15, 1943
Receipts	\$ 8,509.05	\$ 8,019.79

	Budget* Aug. 16, 1943 to Aug. 15, 1944	Expenditures Aug. 16, 1943 to Aug. 15, 1944
Consultants' Salaries	\$20,380.00	\$20,783.75
Travel	5,000.00	5,577.07
Local Nurse Consultant Service	13,600.00	1,711.13
Stenographic Service	3,300.00	2,997.33
Inservice Conference	3,000.00	316.85
Committees	500.00	69.27
Supplies—Office, Printed Material, etc.	600.00	818.78
Miscellaneous—Telephone, Telegraph, Exhibit Expenses, etc.	500.00	248.59
Scholarships		1,000.00
	<hr/> \$46,880.00	<hr/> \$33,522.77

	Budget Aug. 16, 1944 to Aug. 15, 1945	Expenditures Aug. 16, 1944 to Aug. 15, 1945
Consultants' Salaries	\$11,620.00	\$ 9,756.00
Travel	3,000.00	2,024.98
Inservice Conferences	6,500.00	1,684.44
Supplies—Office, Printed Material, etc.	1,200.00	1,082.08
Miscellaneous—Telephone, Telegraph, Exhibit Expenses, etc.	400.00	179.35
	<hr/> \$22,720.00	<hr/> \$14,726.85

	Budget Aug. 16, 1945 to Aug. 31, 1946	Expenditures Aug. 16, 1945 to Aug. 31, 1946
Salaries, professional staff	\$ 4,410.00	\$ 5,017.52
Travel	1,000.00	916.00
Secretarial	2,100.00	2,093.68
College consultant services	5,000.00	2,440.70
Incidental expenses—consultant services, conferences, etc.	490.00	436.43
Balance from 1944-1945	3,458.48	2,720.63*
	<hr/> \$16,458.48	<hr/> \$13,624.96

*To this amount will be added the cost of a Project publication which was incomplete when this report was prepared.

COMPILED RECORDS

Volume

- I. Minutes and Agenda
 - Directing Committee Meetings
 - Staff Meetings
 - Financial Statements
 - Form Letters
- II. List of Participating Schools 1942, 1943, 1944, 1945
- III. Conferences
 - Project Conferences
 - College Conferences
 - Department of Public Instruction Conferences
- IV. Project Consultant Field Reports
- V. Field Reports and Summaries from Public Health Nurses and Dental Health and Nutrition Consultants
- VI. Workshop—Ann Arbor
- VII. Outlines of State Projects as Submitted at Clinic Workshop on Health Education Held at Shoreland Hotel, Chicago, Ill., February 27 and 28, and March 1, 1945
- VIII. College Plans for Cooperation and College Reports of Activities
- IX. Evaluation Material 1942-43; 1943-44; 1944-45; 1945-46
- X. Miscellaneous Staff Activities
- XI. Published Reports and Materials Provided for Schools

